

## State of Arizona Department of Education

## FY 2014 RENEWAL TRAINING CERTIFICATION STATEMENT

By signing below,			certifies that key staff		
	(Sponsoring (	Organization)			
member(s) respo	onsible for the admi	inistration of the	ation of the CACFP program has received and		
reviewed, in its e	ntirety, the Family	Day Care Home F	Renewal Training for FY 2014. Each	ch	
staff member is f	ully responsible for	the information	contained within the training		
materials. An ori	ginal copy of this ce	ertification must I	be included with your FY 2014		
renewal applicati	ion for consideration	on and participati	on.		
Sponsoring Organization's Designated Officia			Date Reviewed		
Please list below otl Attach additional sh		f member(s) that ha	ave reviewed the training materials.		
(Name)	(Date)		(Staff Signature)		
(Name)	(Date)		(Staff Signature)		
 (Name)	(Date)		(Staff Signature)		



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